

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	Z						52						
3	Z						53						
4							54						
5	1						55						
6	Z						56						
7	Z						57						
8							58						
9	1						59						
10		1					60						
11	Z						61						
12							62						
13		1					63						
14		1					64						
15							65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	4	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	6						TOTAL CLAIMS						